


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
APR 28 PM 12:11SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L 06000119416

1. Limited Liability Company's Name  
CATHERINES #5181, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3750 STATE RD		3. Mailing Office Address 3750 STATE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. BSC TAX DEPT	
City & State BENSALEM, PA		City & State BENSALEM, PA	
Zip 19020	Country	Zip 19020	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 12-15-06	
6. FEI Number 51-039 7099	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST.		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.		
Signature of Registered Agent <i>Heather Chapman</i>	Heather Chapman as its agent	Date 4/15/09
REGISTERED AGENT MUST SIGN		

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	ERIC SPECTER	3750 STATE RD	BENSALEM, PA 19020

REINSTATEMENT S. HAWKES

800152116448

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2007-09

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EXAMINER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
Signature of Managing Member/Manager <i>Eric M. Specter</i>	Date 4-15-09	Daytime Phone # 215-633-4624
Typed or printed name of signing Managing Member/Manager S. HAWKES		

MAY 14 2009

EXAMINER